

Image# 14960004695

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**REPORT OF RECEIPTS AND DISBURSEMENTS
FOR A COMMITTEE OR ORGANIZATION
SUPPORTING A NOMINATING CONVENTION
(Summary Page)**

1. (a) Name of Committee (in full) COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE		2. FEC Identification Number C00493254
(b) Address (Number and Street) P.O. BOX 36481		3. Type of Committee/Organization: <input type="checkbox"/> Convention Committee <input checked="" type="checkbox"/> Host Committee <input type="checkbox"/> Other _____ (specify)
(c) City, State and ZIP Code CHARLOTTE NC 28236		

4. TYPE OF REPORT (Check appropriate box(es)):

(a) ☐ POST CONVENTION REPORT☐ QUARTERLY REPORT (check one)☐ April 15☐ July 15☐ October 15☒ January 31☐ FINAL REPORT

(b) Is this an Amendment?

☐ YES☒ NO**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

5. Covering Period FROM: 10/01/2013 THROUGH: 12/31/2013

SECTION A — CASH BALANCE SUMMARY	Column A This Period	Column B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		840223.61
(b) Cash on Hand at Beginning of Reporting Period	503079.89	
(c) Total Receipts (From Line 20)	0.00	9774074.72
(d) Subtotal (Add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	503079.89	10614298.33
7. Total Disbursements (From Line 25)	11118.68	10122337.12
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	491961.21	491961.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)	91606.38	
SECTION B — SUMMARY OF EXPENDITURES SUBJECT TO LIMITATIONS		
11. Convention Expenditures (From Line 21(c))	11118.68	1108672.76
12. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (From Line 17(c))	0.00	1253126.70
(a) Expenditures Subject to Limitation (Subtract Line 12 from Line 11)	11118.68	-144453.94
(b) Expenditures from Prior Years Subject to Limitation	0.00	0.00
(c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))		-144453.94

I certify that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.

HARVEY GANTT

[Electronically Filed]

01/07/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

For Further
Information
Contact: Federal Election Commission
Toll Free 800/424-9530
Local 202/694-1100

FE1AN056

FEC FORM 4 (Revised 1/2001)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(Page 2 of FEC Form 4)**

Name of Committee (in Full) COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE		Report Covering the Period: FROM: 10/01/2013 TO: 12/31/2013	
RECEIPTS	Column A This Period	Column B Calendar Year-to-Date	
	0.00	0.00	
13. Federal Funds (Itemize all on Schedule A)			
14. Contributions to Defray Convention Expenses:			
(a) Itemized (Use Schedule A)	0.00		
(b) Unitemized	0.00		
(c) Subtotal of Contributions to Defray Convention Expenses (Add Lines 14(a) and 14(b))	0.00	8520948.02	
15. Transfers from Affiliated Committees	0.00	0.00	
16. Loans and Loan Repayments Received (Add Lines 16(a) and 16(b))			
(a) Loans Received	0.00		
(b) Loan Repayments Received	0.00		
(c) Subtotal of Loans and Loan Repayments Received (Add Lines 14a and 14b)	0.00	0.00	
17. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures:			
(a) Itemized (Use Schedule A)	0.00		
(b) Unitemized	0.00		
(c) Subtotal of Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (Add Lines 17(a) and 17(b))	0.00	1253126.70	
18. Other Refunds, Rebates, Returns of Deposits:			
(a) Itemized Other Refunds, Rebates, Returns of Deposits	0.00		
(b) Unitemized Other Refunds, Rebates, Returns of Deposits	0.00		
(c) Subtotal of Other Refunds, Rebates, Returns of Deposits (Add Lines 18(a) and 18(b))	0.00	0.00	
19. Other Income:			
(a) Itemized (Use Schedule A)	0.00		
(b) Unitemized	0.00		
(c) Subtotal of Other Income (Add Lines 19(a) and 19(b))	0.00	0.00	
20. TOTAL RECEIPTS (Add Lines 13, 14(c), 15, 16(c), 17(c), 18(c) and 19(c))	0.00	9774074.72	
DISBURSEMENTS			
21. Convention Expenditures:			
(a) Itemized (Use Schedule B)	11118.68		
(b) Unitemized	0.00		
(c) Subtotal of Convention Expenditures (Add Lines 21(a) and 21(b))	11118.68	1108672.76	
22. Transfers to Affiliated Committees	0.00	13664.36	
23. Loans and Loan Repayments Made:			
(a) Loans Made	0.00		
(b) Loan Repayments Made	0.00		
(c) Subtotal of Loans and Loan Repayments Made (Add Lines 23(a) and 23(b))	0.00	9000000.00	
24. Other Disbursements:			
(a) Itemized (Use Schedule B)	0.00		
(b) Unitemized	0.00		
(c) Subtotal of Other Disbursements (Add Lines 24(a) and 24(b))	0.00	0.00	
25. TOTAL DISBURSEMENTS (Add Lines 21(c), 22, 23(c) and 24(c))	11118.68	10122337.12	

SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21a ☐ 22 ☐ 23a ☐ 23b ☐ 24a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE

Full Name (Last, First, Middle Initial)

A. Accord Creditor Services, LLC

Mailing Address PO Box 10001

City State Zip Code
Atlanta GA 30271Purpose of Disbursement
Phone Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 18 2013

Amount of Each Disbursement this Period

5154.86

Transaction ID : SB21A.4930

Category/
Type

Full Name (Last, First, Middle Initial)

B. AON Risk Services

Mailing Address 1111 Metropolitan Ave

City State Zip Code
Charlotte NC 28204

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 10 2013

Amount of Each Disbursement this Period

5829.00

Transaction ID : SB21A.4929

Category/
Type

Full Name (Last, First, Middle Initial)

C. Cybersource

Mailing Address 1295 Charleston Road

City State Zip Code
Mountainview CA 94043Purpose of Disbursement
Merchant Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 23 2013

Amount of Each Disbursement this Period

44.94

Transaction ID : SB21A.4932

Category/
Type**SUBTOTAL** of Disbursements This Page (optional)**TOTAL** This Period (last page this line number only)

11028.80

SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21a ☐ 22 ☐ 23a ☐ 23b ☐ 24a

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NAME OF COMMITTEE (In Full)

COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cybersource

Mailing Address 1295 Charleston Road

City State Zip Code
Mountainview CA 94043Purpose of Disbursement
Merchant Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 04 / 2013

Amount of Each Disbursement this Period

44.94

Transaction ID : SB21A.4933

B. Cybersource

Mailing Address 1295 Charleston Road

City State Zip Code
Mountainview CA 94043Purpose of Disbursement
Merchant Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 03 / 2013

Amount of Each Disbursement this Period

44.94

Transaction ID : SB21A.4934

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type**SUBTOTAL** of Disbursements This Page (optional)**TOTAL** This Period (last page this line number only)

89.88

11118.68

SCHEDULE D (FEC Form 4)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jocelyn Augustino

Nature of Debt (Purpose):

Photography Expenses

Mailing Address 3416 Gunston Road

City State

Alexandria

Zip Code

VA

22302

Outstanding Balance Beginning This Period

944.20

Transaction ID : SD10.4114

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

944.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Centerstaging

Nature of Debt (Purpose):

Production - Musical Equipment

Mailing Address 3407 Winona Ave

City State

Burbank

Zip Code

CA

91504

Outstanding Balance Beginning This Period

47078.00

Transaction ID : SD10.4116

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

47078.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Charlotte Convention Center

Nature of Debt (Purpose):

Convention Center Operations Expenses

Mailing Address 501 S. College St.

City

Charlotte

State

NC

Zip Code

28202

Outstanding Balance Beginning This Period

37731.00

Transaction ID : SD10.4118

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37731.00

1) **SUBTOTALS** This Period This Page (optional) ▶

85753.20

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 4)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Grassroots PressNature of Debt (Purpose):
Printing Expenses

Mailing Address 401-1 West Peace Street

City State
RaleighZip Code
NC 27603

Outstanding Balance Beginning This Period

68.06

Transaction ID : SD10.4120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

68.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Show Pros Entertainment ServicesNature of Debt (Purpose):
Security Services

Mailing Address PO Box 12599

City State
CharlotteZip Code
NC 28220-2599

Outstanding Balance Beginning This Period

2760.12

Transaction ID : SD10.4130

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2760.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TWCANature of Debt (Purpose):
Arena Modifications

Mailing Address 333 East Trade Street

City State Zip Code
Charlotte NC 28202

Outstanding Balance Beginning This Period

3025.00

Transaction ID : SD10.4128

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3025.00

1) **SUBTOTALS** This Period This Page (optional)

5853.18

2) **TOTALS** This Period (last page this line number only)

91606.38

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

91606.38